

**ELECTRIC PERMIT APPLICATION**  
Clarke County Building Department  
101 Chalmers Ct., B  
Berryville, VA 22611  
(540) 955-5112 Fax: (540) 955-5170

Check One: ☐ Residential ☐ Commercial ☐ Government

DATE: \_\_\_\_\_ PERMIT #: \_\_\_\_\_  
(For Office Use Only)

**OWNER'S NAME:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**\*\*CONTRACTOR'S NAME:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Virginia State Contractor's License Number: \_\_\_\_\_

License Expires: \_\_\_\_\_

**\*\*Please attach a copy of your state contractor's license. Any job over \$25,000 will also require a Clarke County Business License unless you are building in the Town of Berryville or the Town of Boyce. You would then need that town's business license. All businesses in Clarke County are required to have a Clarke County Business License regardless of the job value.**

**LOCATION OF PROPERTY:**

Subdivision: \_\_\_\_\_ Lot Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

Tax Map ID #: \_\_\_\_\_

Directions to the job site: \_\_\_\_\_

I hereby agree to comply with all provisions of the Virginia Uniform Statewide Building Code and all other applicable state and local laws.

Signature of Applicant \_\_\_\_\_

Printed Name of Applicant \_\_\_\_\_

☐ Contractor ☐ Owner ☐ Agent ☐ Engineer/Architect

\*Agents, please note that a signed authorization from the owner or contractor must be attached.

**Electric Permit Application**  
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**DESCRIPTION OF WORK:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ELECTRIC SERVICE:**

If installing new service, relocating service, or reconnecting service, please indicate number of amps: \_\_\_\_\_  
Is service Overhead or Underground? \_\_\_\_\_  
Please indicate Work Order number provided by Power Company: \_\_\_\_\_

**SOLAR/WIND ENERGY SYSTEMS:**

On-Site Power Only: \_\_\_\_\_  
Net Metering: \_\_\_\_\_  
Please indicate size (KW): \_\_\_\_\_  
Please indicate Work Order number provided by Power Company: \_\_\_\_\_

**PLEASE INDICATE EQUIPMENT YOU ARE INSTALLING:**

Are Sub-panels being installed? If yes, how many? \_\_\_\_\_  
Are Fixtures, Lights, Switches, Receptacles, Outlets, and/or Circuits being added or relocated? \_\_\_\_\_  
Are Motors being installed? If yes, how many? \_\_\_\_\_  
Are Generators being installed? If yes, how many? \_\_\_\_\_  
Are you installing or relocating Baseboard Heat? \_\_\_\_\_  
Are you making an electric connection to a new or relocated HVAC System or Furnace? \_\_\_\_\_  
Are you installing electric wall unit heaters? \_\_\_\_\_  
Are you installing Signal Devices? \_\_\_\_\_  
Are you making an Electric Connection to a New Well or Septic Pump? \_\_\_\_\_  
Are you installing a Sub Station? If yes, how many KVs? \_\_\_\_\_

**FOR OFFICE USE ONLY:**

**TAX MAP #:** \_\_\_\_\_  
**MAGISTERIAL DISTRICT:** \_\_\_\_\_  
**ACREAGE:** \_\_\_\_\_  
**USE GROUP:** \_\_\_\_\_  
**BUILDING CODE EDITION:** \_\_\_\_\_